

1997 *Annual Report*

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CHANGE



UNIVERSITY OF
MASSACHUSETTS
MEDICAL CENTER



CHANGE

(chāng): to cause to become
different; alter;
transform; convert

OR HOPE



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1997 Annual Report



At the risk of oversimplification, I would characterize 1997 as a year of change for the University of Massachusetts Medical Center (UMMC). The mergers of the UMass Clinical System with Memorial Health Care, the Clinical System with HealthAlliance, our research enterprise with the Worcester Foundation for Biomedical Research, and the public service partnerships we've established to the east with the Massachusetts Biologic Laboratories and the New England Regional Newborn Screening Program, have culminated in a history-making, head-spinning year. Never before has the Medical Center experienced such dramatic change in such a short period of time.

And yet, the pioneering spirit that is the hallmark of this institution has never been more intense. With our mission of service to the commonwealth challenged by external pressures on all fronts, our campus visionaries are leading an impressive campaign toward national distinction for the Medical Center. In raising the bar, they have broken the traditional barriers. Seeing challenge as opportunity, they have fostered an atmosphere of innovation that carries the impact of UMMC well beyond the region.

In this annual report we salute our "agents of change." The ones you'll read about are representative of the talent, creativity, spirit and energy UMMC has sustained during changing and uncertain times. They are all uniquely related to change. Some are inching toward making a global difference, such as the pediatric AIDS research team of Drs. John Sullivan and Katherine Luzuriaga (see page 11). Others, like UMass Hospital Director Lin Wilder, are adjusting creatively to shifting philosophies, approaches and standards in the delivery of quality patient care (see page 8). All are moving and shaking our world.

Hard work and more challenges await us in 1998, but the growth and promise of this institution is extraordinary. The new clinical entity, UMass Memorial Health Care, will be one of the largest health care systems in the region, with \$742 million in revenue, more than 700 beds, and 7,000 employees. Our schools and faculty continue to shine in the national spotlight. In the research arena, we are working toward an ambitious goal of becoming one of the top 25 academic research centers in the country. We've enjoyed a significant jump in the rate of growth of our National Institutes of Health funding; we're already benefiting from new capabilities provided by our partners at the Worcester Foundation; and we look forward this spring to the groundbreaking of our new neuropsychiatric research institute.

We are well on our way to national distinction, thanks to the efforts of all who effect positive change every day, behind the scenes and on the frontlines. They are the heart of this academic, clinical, scientific and economic catalyst we call UMass Medical Center.



AARON LAZARE, MD
chancellor and dean

Aaron Lazare

HERE'S A GRASSROOTS MOVEMENT SWEEPING THE MEDICAL SCHOOL FOR A VERY UNLIKELY, ALBEIT IMPORTANT, CAUSE – THE CURRICULUM.

While a “curriculum” doesn’t usually inspire such an ardent or localized response, at UMass the faculty are on a mission: through more concentrated, integrated and multidisciplinary efforts, they are redesigning the entire approach to medical education.

The new Medical School curriculum, which was introduced in 1995, was created with a guiding principle: enable new physicians to not only acquire new knowledge, but to offer patients a perspective broad enough to fully understand and treat their illnesses.

“I don’t think our previous curriculum reflected current contributions to basic science,” says Susan Gagliardi, PhD, professor and vice chair of cell biology. She’s referring to traditional medical training which emphasized separate disciplines and not the direct relationship between science and medicine, and encouraged fragmentation of thought. “The old approach had the potential of creating doctors who don’t have a global approach to the patient. As a result of a narrow perspective, it wasn’t as clear to students how basic science can be translated into clinical care.”

“The point is to encourage and foster groups of faculty and individuals to follow their own passion – what *they* feel is important to students – and fit that into the global view of what medical students should be learning.” The framework allows faculty the freedom, opportunity, and accountability to teach in the most effective way.

For example, the normal cardiovascular system was previously taught in two disconnected courses. A new curriculum was designed by collaborating faculty from histology, physiology, and the “Physician, Patient and Society” course, which includes interviewing, physical diagnosis, and ethics. Students are encouraged to synthesize information from all these disciplines. This approach enables first-year students to study and understand complex topics, for instance, the interrelated scientific, clinical and ethical issues surrounding the diet drug fen-phen. A newly designed program like this “adds incredible richness to our curriculum,” notes Gagliardi.

There’s also no shortage of energy, enthusiasm and drive on the part of the faculty to add to this evolving and dynamic approach to medical education. “Every year we sit down to figure out what we’re going to do to improve the next year’s curriculum. At the end of the session, the blackboard is covered with ideas.”—MCT

EDUCATOR:

Susan Gagliardi

The goal for the Educational Policy Committee, which Gagliardi vice chairs, was to create a curriculum that encompasses several disciplines simultaneously, and encourages students to integrate and use all types of information, in preparation for the “real world” of clinical practice.

The vision and framework for the new curriculum was set into motion by the committee about five years ago, and what has emerged is a curriculum created by individual faculty members. Gagliardi’s role is to nurture and support the design of integrated programs. As an agent of change, she inspires others within the faculty ranks.

“THE POINT IS TO FOSTER GROUPS OF
FACULTY AND INDIVIDUALS to follow their own passion.”



VOYAGERS:

Gary & Janet Stein

GARY STEIN, PH.D., AND JANET STEIN, PH.D.



"WE DON'T SEE A DICHOTOMY BETWEEN THE PURSUIT OF SCIENCE, MEDICINE, AND EDUCATION.

we see those as very much integrated."

At UMMC's Cancer Center, researchers and clinicians are not only trying to bridge the basic gene regulatory mechanisms at the bench with the treatment of diseases at the bedside, but doing so in a "non-parochial, broad-based way," notes Gary, who is chair of cell biology and director of cancer research. "We don't see a dichotomy between the pursuit of science, medicine and education. We see those as very much integrated."

It is precisely this innovative environment that allowed the Steins to focus on "what makes bone cells bone cells," says Janet. While cell nuclei all start off identical in appearance, they are encoded with unique DNA information that make them react differently during their development, ultimately resulting in, say, bone versus skin cells.

The Steins were able to identify a critical "signal" that needs to go to a particular place in a bone cell nucleus to allow its progression. "Part of this protein or factor is like an address label," explains Janet, "a zip code that takes it to the exact, right place in the nucleus."

Through gene therapy, "we might be able to target cancer chemotherapy only to specific diseased cells, and not the entire body, so you're not damaging healthy tissue," says Gary.

In cancerous cells, genes are packaged and organized in a very abnormal way. "The on-off switches and the factors that turn the switches on and off are also distributed very differently," describes Gary. "And so there is misinformation in the cell and incorrect location of correct information. ... If the correct gene is sitting there, but it's nowhere near the factor or finger that switches it on or off, the gene can't develop correctly." The spread of cancer results when the critical mistakes are repeated during cell division.

The Steins are seeking ways to essentially reprogram cancerous cells and make them behave normally. "We're not only cataloging what the regulatory factors and the genes are," summarizes Janet, "but we're ultimately trying to understand how to get them to the right place at the right time, and to use that information to develop highly selective therapies." —RJP

IT'S ALWAYS BEEN IMPORTANT TO GARY AND JANET STEIN THAT THEIR GENE RESEARCH TRANSLATE TO THE TREATMENT OF SICK PEOPLE. THE RECENT LOSS OF A FRIEND TO CANCER ONLY MAKES IT MORE PERSONAL.

As world-leading biomedical researchers, the husband and wife believe the key to curing cancer and other fatal human diseases lies in gene therapy. Since arriving at UMMC 11 years ago, they have dedicated themselves to the pursuit of greater understanding of the mechanisms that control gene growth in humans.

When relating what they painstakingly study beneath a microscope, the professors of cell biology speak of fingers working light switches. And as they explain the conditions and properties that turn specific gene functions on and off, or open and close them, it becomes apparent that they are pioneers in a vast and fascinating universe of DNA expression.

"There are two and a half yards of DNA inside every cell nucleus," emphasizes Gary. "We're interested in understanding those fundamental mechanisms that are really important for understanding the bigger problem of gene growth regulation. Beyond that, there's the possibility of developing therapies to treat diseases."

I

**N THE SMALL TOWN WHERE ART RUSSO
GREW UP, IT WAS EASY TO UNDERSTAND WHAT
PEOPLE DID FOR A LIVING.**

Many worked for a leather goods industry that produced enough gloves to name the New York town Gloversville.

Russo, who went on to his state medical school anticipating a doctor's life, found more than he'd bargained for. His career has coincided with the explosion of managed care in this country and the resulting major changes in health care – now, like the manufacture of gloves, also called an “industry.”

By any name, health care is today a dominant force in Dr. Russo's adopted city of Worcester, one of the most heavily penetrated managed care markets in the U.S. Navigating through a sea of national and regional change, UMMC's deputy chancellor for clinical affairs and CEO of its Clinical System began more than three years ago to develop the framework of an “integrated delivery system” encompassing the hospital, clinics, affiliate hospitals, group practice, a primary care physician network and an enhanced infrastructure to support quality care. Approvals for a merger with Memorial Health Care and a partnership with HealthAlliance made 1997 a watershed year.

Our commitment is to local communities – we have the vision and the right philosophy and a long track record with the region.”

Russo's vision of clinical organization is framed by his insistence on staying in tune with trends both locally and nationally. His being dubbed a guru of managed care, early on, is a clear example because, he notes, “all of health care has been driven by managed care the last 10 years or so.” Russo's hands-on introduction to the concept came in the mid-1980s, when he left his post as associate director of UMMC's medicine residency program to help set up the Harvard Community Health Plan's clinic in Southborough.

The significance of UMMC's recent moves is that by the year 2000, central New England will be served by having its own academic health center, says Russo, and central Massachusetts families will receive their health care in “a highly developed, high-quality integrated delivery system, where all their needs can be taken care of. They will have a choice, because there will be two major systems. But UMass will be on the cutting edge.” –JHM

Editor's note: Dr. Russo will serve as executive vice president, chief operating officer, and physician-in-chief for UMass Memorial Health Care.

NAVIGATOR: *Art Russo*

What were the ingredients of the Russo team's success? About Memorial, he answers, “A lot of discussion, a lot of negotiation, a lot of vision, and persistence.” He likens the experience to a cross-country road trip: “You have a plan, a route – if all goes well, you get to the end of the journey at the time you expected. There may be detours, and it may take longer than you'd hoped.” Of all the milestones, “the most satisfying was the day the governor signed the enabling legislation.”

Developing the partnership with HealthAlliance – which combines Fitchburg's Burbank Hospital and Leominster Hospital – was different, Russo points out, for two reasons: “It took longer and, over the years, we competed for HealthAlliance with three or four different health organizations, including a for-profit entity.”

In the end, he adds, “The reason we won was really what we've done for the North County over the last 20 years. It's a relationship that goes back to the beginning of this institution.

“you have a plan, a route—if all goes well,

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CATALYST: *Mort Sigel*

"I CAME FROM A VERY HUMBLE BEGINNING,
and I wanted to help the community
where I grew up."

CAN A PRIVATE, PRESTIGIOUS RESEARCH INSTITUTE
IN A SMALL SUBURBAN TOWN FIND HAPPINESS
WITH A MAMMOTH STATE UNIVERSITY MEDICAL
CENTER IN THE BIG CITY ACROSS THE LAKE?

Mort Sigel was sure it could, and thereby hangs the tale of his matchmaking role in the merger of the Worcester Foundation for Biomedical Research (WFBR) with UMass Medical Center.

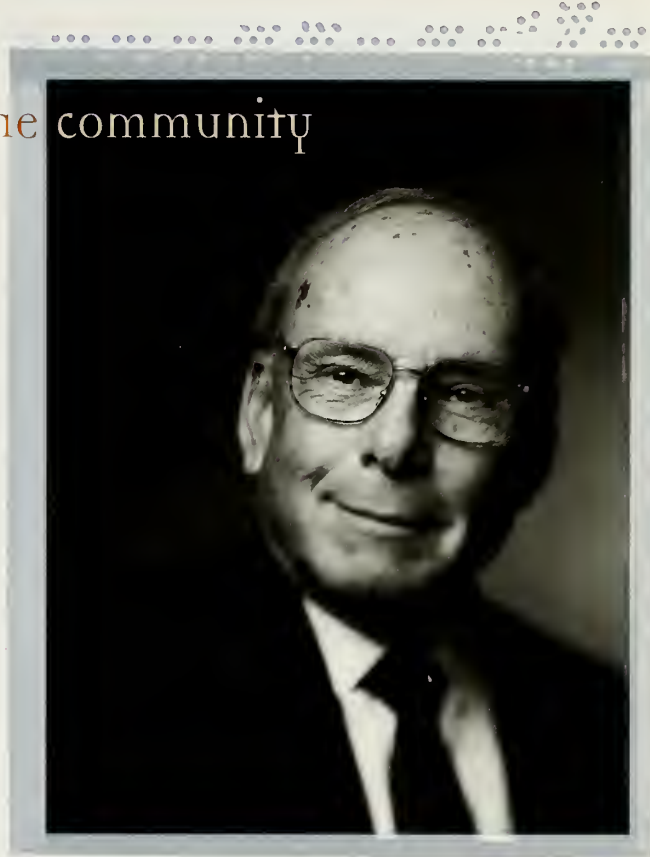
Although scientists at both organizations had long since molded a friendship and working relationship, the prospect of "marriage" was a change daunting to contemplate. But just as Sigel took over as chair of WFBR's Board of Trustees in 1996, merger discussions turned serious. The 50-year-old Foundation renowned for discovery of the birth control pill had to face the 1990s reality of shrinking government research funds.

"Chancellor [Aaron] Lazare asked if we really wanted this merger to happen, and my answer was 'yes!'" Sigel relates. "My role was to try to convince our faculty, personnel and administration that we had to make a move. We were looking for the right kind of partnering, and UMass was the most logical choice for a merger that I could see."

Effective last July, the pair cemented a partnership that Sigel considers "a major contribution to the community." It retains the historic identity of the Foundation as a component of UMMC, Sigel points out: "UMass had a great deal of respect for our achievements and history, and in terms of research we have the same goals and purposes."

How did he convince external constituencies of the merger's merits? "I talked privately with a number of those who support us and assured them we'll continue as a new Worcester Foundation – we'll continue to develop our endowment, and enhance research and education at UMass."

Examples of Sigel's ability to bring about change emerge throughout his professional life, as well. In 1960, he founded Millbrook Distributors Inc., a health and beauty aids distribution business in Worcester that later added food specialties and housewares. Millbrook became a one-source distribution company



for over 15,000 consumer products to supermarkets and department stores in 11 states. Meanwhile, Sigel became a national leader in the field by merging several trade associations into one, the National Association of Service Merchandisers, and serving as its first president.

Since selling Millbrook to McKesson, Sigel has become board chair, president and CEO of Tekscan, a full-line manufacturer of pressure-sensitive systems. The first of their many products was a dental sensor used by prosthodontists and orthodontists. He now commutes to Boston – often from Florida or Cape Cod.

But Worcester, his birth place, is still Sigel's home, where his active leadership and service on local boards is motivated by "an old fashioned philosophy, to do things for the community. I came from a very humble beginning, and I wanted to help the community where I grew up," he says.

He calls the Foundation, where he has been a trustee for 12 years, a "wonderful and amazing organization" and anticipates his next year, as chair, will focus on continuing to educate the board and community on "the tremendous growth possibilities now that we're part of UMass. What we've accomplished means the Worcester Foundation now has a long future and will be financially secure." –JHM

CHALLENGER: *Jim Wells*

THERE IS NO SINGLE EXPERIENCE IN JIM WELLS' LIFE THAT HE CONSIDERS A "DEFINING MOMENT" THAT LED HIM TO HIS CURRENT POSITION AS ASSOCIATE VICE CHANCELLOR FOR EQUAL OPPORTUNITY AT UMASS.

Rather, an amalgam of events has shaped his life. He vividly remembers the Ku Klux Klan terrorizing blacks where he grew up in rural Mississippi. He remembers separate restrooms, water fountains, and the expectation that blacks step to the rear of the bus. He remembers that he never saw a black person working as a waiter, bank teller or in other service positions after his family moved to Cincinnati. But he also remembers a message from his parents that still resonates: "No matter what path chosen in life, you can improve this world. You will have the opportunity to help others."

Wells has not disappointed.

He spent nearly 10 years at the Roxbury Court Clinic, reshaping one of the commonwealth's largest inner-city courts, helping people from different cultures change attitudes toward and perceptions of one another. Among career stops was a 10-year stint at the Polaroid Corp. where, among other assignments, he was a central figure in advancing its affirmative action program. But perhaps his greatest challenge has been at UMass.

Recruited to bring purpose, vitality, credibility and respect to UMMC's equal opportunity initiatives, Wells made changes his first day on the job: he propped open the office door.

"It's amazing what something like that will do," he says. "It's a message that we're here to help people. And I don't mean just blacks and women. Equal Opportunity is here to serve all members of the community."

The Equal Opportunity Office is the nucleus of the Medical Center's commitment toward diversity, civility in the workplace, and equity among its employees. A committee led by Wells and Chancellor Aaron Lazare, MD, created UMMC's first Unity in Diversity Conference in 1996, an institution-wide look at ways to improve workplace equality and diversity. Wells and his staff also coordinate the annual Martin Luther King Jr. tribute, bringing nationally renowned speakers to the campus to raise awareness of Reverend King's timeless mission and messages.

Working with the Women's Issues Committee to study ways to address a series of gender and workplace equality issues, Wells recently hired an assistant director for equal opportunity who will devote most of her time specifically to these areas.



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INVOLVE IN ALL YOUR ENDEAVORS, THE BETTER OFF YOU ARE.

IF PEOPLE ENJOY SOME OWNERSHIP IN AN ISSUE,

the institution will enjoy better outcomes."

His office also volunteers each year to coordinate the Commonwealth of Massachusetts Employee Campaign (United Way). "We do it because it's important to the chancellor that UMass give back to the community, be an active participant and a good neighbor.

"It's necessary to be strategic in your thinking, to take risks where you can add value to the institution. Part of my philosophy is the more people you can involve in all your endeavors, the better off you are. If people enjoy some ownership in an issue, the institution will enjoy better outcomes."

It's a philosophy Wells hopes to bring to the merged UMass Memorial Health Care system. "We are working now to establish a connection with our new partners. We do that by sharing the load, by communicating often, and by bringing talents to the table." —JJS

AT AGE 7, ED BRESNICK DIDN'T WANT TO GROW UP TO BE A BASEBALL PLAYER, OR A FIREMAN, LIKE MANY OTHER BOYS COMMONLY DO. AFTER RECEIVING A CHEMISTRY SET AS A GIFT FROM HIS PARENTS, UMMC'S VICE CHANCELLOR FOR RESEARCH WANTED TO BE NOTHING OTHER THAN A... RESEARCHER.

"I knew my life's work at an early age and I really haven't deviated from that," says Bresnick, professor of pharmacology & molecular toxicology and medicine. "I live for getting up in the morning so I can go into the laboratory and discover things."

At age 67, Bresnick, who is still a funded investigator by the National Institutes of Health (NIH) and the Howard Hughes Medical Institute, is also very focused on setting the research agenda for UMMC. It's an ambitious and aggressive one. He seeks to catapult the Medical Center – currently ranked 42nd out of 125 academic research centers in the nation in the amount of research funding it receives – to the top 25. To accomplish that, UMMC must increase research funding from \$70 million annually to more than \$100 million.

LEADER:

Ed Bresnick

In short order, Bresnick has put UMMC within reach of that lofty goal. Since he joined the Medical Center in 1994, public and private research dollars attracted by UMMC have risen 25 percent. In fiscal year 1996, UMMC ranked #1 in the rate of growth in NIH funding among the academic research centers in the U.S. Based on the amount of NIH research funding, UMass Medical School currently ranks second among the 10 public medical schools in the Northeast, and in the upper third of all the country's medical schools.

Bresnick's procurement of research dollars is an important contribution, but not his most significant one. "He has made major contributions as a scientist and has been an excellent developer of individuals' careers," says Gary Stein, PhD, professor and chair of cell biology. "He's a master of the art of mentoring and provides leadership by example."



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ARE ASKED TO SPEAK AT MORE NATIONAL AND INTERNATIONAL MEETINGS, AND ARE REPRESENTED ON MORE ADVISORY GROUPS."

Charged with cultivating basic and clinical research programs, Bresnick is striving to bring research innovations to the bedside faster. And to help fulfill UMMC's and the commonwealth's economic development mission, he is pursuing through UMMC's Office of Commercial Ventures and Intellectual Property (see page 10) opportunities to license, patent and market new medical technologies to the commercial private sector.

Of no less significance to the Medical Center, "Today we are publishing more of our research in high-quality journals, our faculty is asked to speak at more national and international meetings, and they are represented on more industry- and government-advisory groups," notes Bresnick.

One such advocacy effort is Bresnick's active service with the National Cancer Institute. Following a year-long review of prevention research at the NCI, a 21-member review group of experts chaired by Bresnick recently presented a 68-page report containing 40 recommendations to set the nation's cancer research priorities and to fund them adequately.

Setting a clear agenda for NCI as well as other areas of disease research is obviously not only beneficial to academic medical centers like UMass, says Bresnick, it's the right thing to do to give sick patients the best chance for new treatments and cures. And those bench to bedside results – above all research funding and ranking goals – are Bresnick's bottom line. –RJP

HOSPITAL DIRECTOR LIN WILDER IS BLESSED WITH AN ANALYTIC MIND AND A DEEPLY CARING HEART. HER THIRST FOR KNOWLEDGE AND HER SEARCH FOR HUMANITY IN MEDICINE HAVE SHAPED A CAREER WHICH BRIDGES THE GAP BETWEEN QUALITY HEALTH CARE AND THE BOTTOM LINE.

Since coming to UMMC in 1995, Wilder has bolstered its professional pride while steering UMass Hospital to thrive in today's challenging health care environment.

The list of her accomplishments after just two years at UMMC is long and varied. Among others, she was integral in the hospital saving \$14 million through the Program to Achieve Clinical System Superiority (PACSS) in fiscal year 1997. She has integrated re-engineering, emphasized patient satisfaction and made a series of changes to affect the "organizational climate." And, she directed a hospital-wide readiness effort which earned the Joint Commission for Accreditation of Healthcare Organization's highest ranking of accreditation with commendation.

MENTOR:

Lin Wilder



LIN WILDER, RN, DPH

Wilder started making a difference as a critical care nurse at a historic moment in medical history. Working with Denton Cooley, MD, the father of heart transplant surgery, she cared for the first artificial heart transplant patient. She was dazzled with the intellectual power of harnessing science and technology to save lives, until a series of wrenching encounters with dying patients tempered her awe with a growing sense that the human element was being overshadowed, that patients and not science should be at center stage.

While this was radical thinking in the 1970s, it is now the heart of new paradigms. "As we enter the 21st century, many of our axioms are proving specious, especially the traditional training many of us received that the way to treat patients is to apply our superior knowledge to a passive recipient. Rather, healing begins with an individual. Providers must be partners with their patients," she says.

How, then, to provide excellent care while controlling costs? Wilder maintains that, "People are drawn to health care because they want to make a lasting difference. I believe that each of us wants to participate in something larger than we can be as individuals. The goal of providing better care at less cost is not impossible but it requires a different style of management. Our job as managers is to partner with our clinical experts to aggressively pursue excellence. This means that managers must understand work processes in order to eliminate those that simply waste time."

Wilder originally wanted to be a lawyer, but followed her sisters into nursing school. Later, she entertained her dream to write the great American novel. While continuing to work as a nurse, she earned a degree in humanities. Later, she declined a doctoral fellowship in English literature for personal reasons, and continued on her health care trajectory. Far from time wasted, her studies of literature and philosophy have informed her work in clinical management.

During her tenure at Hermann Hospital, the 675-bed teaching hospital at the University of Texas Medical School, she rose from director of medical nursing to vice president of operations while earning a doctoral degree in public health. Lessons learned from weathering fiscal storms at Hermann now benefit UMMC.

Wilder will continue to seek what she calls "the sweet spot" between people and the numbers. She says of the administrative career she loves, "We have to know it, like it, and think it's fun." —SLG

"OUR JOB AS MANAGERS IS TO PARTNER WITH OUR CLINICAL EXPERTS

to aggressively pursue excellence."

EXPLORER:

Michael Czech

“THE IDEA THAT RESEARCH CAN BE MOST EFFECTIVE WHEN

it's multidimensional has grown connections in all sorts of ways.”

very narrowly focused,” he recalls. “It was common for papers in scientific journals to have just one or two authors. You had great minds doing great science, but in far too much isolation.”

Czech remembers raising the issue with the basic science department chairs at UMMC. “In a way it was frustrating to know that there were all of these interesting things going on in other labs, all of these great creative minds, and yet there was very little interaction. I remember the chairs talking about how to ‘force’ people to get out more, to bump into other scientists in the hallway.”

From that has grown one of the truly innovative programs in academe today, one that is emulated (and imitated) at dozens of other research institutions, and one that continues to grow and change in unexpected ways all the time. “The sorts of connections that the program has been able to foster over time has been marvelous fun to watch and participate in,” says Czech. “The idea that research can be most effective when it’s multidimensional has grown connections in all sorts of ways. For example, just look at the number of multidisciplinary centers and programs and program projects at UMMC, where labs with different capabilities are brought together, as in diabetes research. And look at how the funding that scientists have been able to attract has changed. Foundations and national organizations, like the Howard Hughes Medical Institute and the Markey Trust, understand the importance of multi-spectrum programs, and they have been very supportive of such programs.”

Czech remembers walking into Two Biotech for the first time. “I walked over here and came inside, and it was astonishing: it was completely, utterly, open; no walls, no ceiling, a completely empty space. It felt exciting – it was thrilling – to imagine it filled with investigators who brought that additional dimension to research, scientists who embrace connections to other fields, to other labs, who understood that what was happening in science was happening across those traditional lines and barriers, and this would be a place where that would happen.” –MLS

MICHAEL CZECH, PhD

ONE OF THE SUBTLER CHANGES WROUGHT AT UMMC BY THE PROGRAM IN MOLECULAR MEDICINE (PMM) IS “THE NOTION OF A CAMPUS, NOT JUST A BUILDING,” SAYS MICHAEL CZECH, FOUNDING DIRECTOR OF PMM.

The multi-departmental research endeavor that has 18 laboratory groups and faculty from seven different academic departments, is based at the Massachusetts Biotechnology Research Park in Two Biotech. As a result of PMM setting up shop there, Czech suggests, people began to get outside more, and look around. And that, in a nutshell, is the Program in Molecular Medicine.

The world of biomedical research in 1989 was almost unimaginably different than what goes on today, in part because of scientific discovery, but also because of a change in how scientists work. Czech was chair of biochemistry then, and he and most of his peers – not just at UMMC, but everywhere – had been trained according to a certain research model. “Usually, each individual laboratory was pursuing a very important but tiny question. Scientists were working very hard, but were often

ENTREPRENEUR:

Joe McGuirl

**“YOU HAVE TO INFECT PEOPLE WITH YOUR VISION,
SO THAT THEY HAVE THE VISION YOU HAVE.
BECAUSE IT’S NOT JUST THE SCIENCE, IT’S THE
EXCITEMENT. THEY HAVE TO CATCH VISION THE WAY
YOU CATCH A DISEASE.”**

○ Around academic health centers, the “catching a disease” metaphor has a certain vibrancy. For Joseph F. X. McGuirl, the metaphor is in a way meant to be just slightly disconcerting, given that he sits at the intersection of science and business at UMMC, which, until very recently, was all but unmarked. Now it grows busier every day, as more researchers catch McGuirl’s vision like a potent microbe.

As executive director of the University’s Office of Commercial Ventures and Intellectual Property (CVIP), McGuirl is responsible for exploring the commercial possibilities of research at all five University campuses. Previously, “tech transfer” was a very poor stepchild to traditional methods of sharing research with the commercial world, which consisted largely of publishing and presenting papers in scientific journals. Companies that thought they might make a marketable product from the fruits of some research might deal with the scientist, the university, the general counsel, or all three. What’s more, the marketability of some research was out in the public domain for all companies to see and perhaps contemplate for their own commercial, if unlicensed, ventures.

In place of that ad hoc system, CVIP works like a business, to the advantage of the University, the scientists, and their commercial partners. “It was really [Chancellor] Aaron Lazare’s idea to develop CVIP here,” says McGuirl. “Starting an office was very appealing to me: a chance to structure it in the formative stages so it would be workable and successful. And I like to start new things. As long as I can keep building something, I’m going to be happy.”

McGuirl’s priority from the very beginning was to build a portfolio of licensable research, in large part by pursuing patents. He and his colleagues must know what is happening in UMMC’s research labs, as well as in the companies that may be interested in buying rights to commercialize that research. It’s not even unusual for a scientist – with CVIP’s blessing and help – to start up a company that fills a research niche – and then try to partner with other companies in the field.

This business sense and structure comes right from the top: McGuirl is a businessman with both a corporate sensibility – his credentials include work for corporate giants like W.R. Grace and Hoffmann-LaRoche – and the soul of an entrepreneur. He came to UMMC from ScripTech Pharmaceuticals, a startup for which he secured the initial financing and served as acting president.

Since 1994, his two principal goals at the University have been: “Get sponsored research and sell technology,” he says. Every year since, the number of licensing agreements has increased, to more than a dozen sponsored research deals in the first half of 1998 alone. CVIP has negotiated millions of dollars in fees and sponsored research, and when royalties from various licensing agreements begin to flow, the University will have a steady and steadily increasing source of funds for research and development.

“We’ve already begun taking this to the next stage,” he says. “Watch what happens with our business incubator in Lowell, where we’re working with a private venture capital company to incubate new companies.” And there’s a plan for what happens after that, you can be sure. As long as Joe McGuirl is building something, he’s happy indeed. –MLS



**“AS LONG AS I CAN KEEP BUILDING SOMETHING,
I’M GOING TO BE HAPPY.”**

“THE GOAL IS TO CONSTANTLY PUSH THE LIMITS OF OUR UNDERSTANDING

...always reevaluating the

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REVENTING THE TRANSMISSION OF HIV FROM AN
INFECTED MOTHER TO HER INFANT DURING BIRTH WAS
THE STUFF OF DREAMS JUST A FEW YEARS AGO.

Pursuing that dream – and others associated with pediatric HIV – has become the life work of Drs. John Sullivan and Katherine Ruiz de Luzuriaga. Their persistence is paying off.

Sullivan and Luzuriaga – both pediatricians and viral immunologists – are on the forefront of affecting major change. “In the United States, vertical transmission [mother to infant] rates are down from 25 percent to 5 percent,” says Sullivan, professor and vice chair of pediatrics, and professor of molecular genetics & microbiology. “Our goal for the next couple of years is to reduce that again by more than half, to less than 2 percent.”

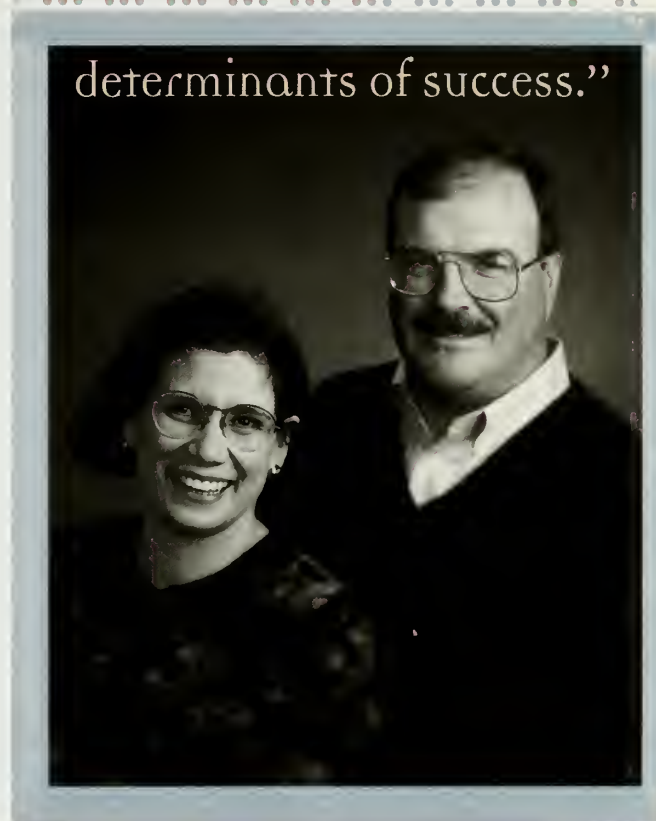
Sullivan and Luzuriaga are principal investigators of the National Institutes of Health (NIH) Western New England Pediatric AIDS Clinical Trial Unit. In 1990 their team helped discover nevirapine, a potent anti-retroviral agent which expanded the AIDS drug arsenal. UMMC had the first patients in the world to receive nevirapine.

In 1997 their clinical trials, in which a three-drug cocktail consisting of nevirapine along with AZT and ddI, was administered to HIV-infected infants as young as 6 weeks old, gained national attention. Their results, which were published in the *New England Journal of Medicine*, showed that after one year of therapy, two children had no traces of viral replication, and six others had viral loads 80 percent lower than when therapy began.

This is just the latest breakthrough by the team. Sullivan, who saw his first child with AIDS in 1985, recalls being in “on the ground floor.” Caring for children with AIDS stimulated questions to be addressed in the laboratory. His research contributed to the understanding that children become infected during birth – essential knowledge for targeted treatment. “We also pioneered the idea of beginning treatment as early as the time of diagnosis. We started treating one infant last summer at 15 days of age,” he says. “We are starting to see the fruits of this with children of 5 to 6 years of age who have undamaged immune systems and lead high-quality lives.”

Still, excitement over these successes is tempered with caution and an acute awareness of bigger challenges, particularly in the developing world, which sees 2,000 new pediatric AIDS cases daily. The three-drug cocktail is not a practical solution for nations whose health care systems are unable to afford as well as deliver drug regimens requiring precise timing and rigorous monitoring.

determinants of success.”



DREAM TEAM:

*Katherine Luzuriaga &
John Sullivan*

Developing a vaccine would be the best answer, and drugs which are effective today may become ineffective if resistant strains of the virus develop. Therefore, Sullivan and Luzuriaga are pursuing parallel lines of inquiry into both a vaccine and more effective suppressant therapies. “The goal is to constantly push the limits of our understanding,” says Luzuriaga, associate professor of pediatrics and medicine. “You need to step back and craft experiments to address new questions and concerns, always reevaluating the determinants of success.”

Sullivan and Luzuriaga see unlimited growth in biomedical research at UMMC, more now than ever thanks to the merger with Memorial Health Care. Growth, no doubt, to further fuel and fulfill their dreams. –SLG

JOM MANNING JOKES THAT WHEN HIS FATHER TOLD HIM TO "GO WEST, YOUNG MAN," HE LEFT BOSTON AND WENT ALL THE WAY TO WORCESTER.

But that move beyond Route 128 laid the groundwork for his public service career in central Massachusetts – initially in the field of mental health and today extending to an array of opportunities that allows UMMC to partner with other state agencies.

Sweeping change in mental health services, which Manning foresaw as an undergraduate at Assumption College, paralleled his early 1970s work with state agencies. And when the commonwealth closed Gardner State Hospital as part of its deinstitutionalization process, Manning became the first non-medical director for the unit of Fitchburg-Leominster patients relocated to Worcester State Hospital.

In 1978, Manning was recruited to be the administrator for the UMMC Department of Psychiatry, and later worked with Aaron Lazare, MD, who became chair of the department in 1982. He helped develop Psychiatry's clinical and emergency services and inpatient unit, and the department became a national model for its work with the public sector.

"Tom possesses a unique combination of traits and skills," says now-Chancellor Lazare. "He is dedicated to serving all of our patients as well as clients of our sister state agencies. He also combines a passion for the academic mission with an uncanny understanding of people's needs and motivations, and an ability to translate them into a successful business enterprise. His instincts are rarely wrong."

Throughout his tenure, Manning has developed unique and mutually rewarding relationships with a host of state agencies, including the departments of Mental Health, Social Services, Corrections, Youth Services, Public Health, and the Division of Medical Assistance. He has defined the Medical Center's public service mission so that the commonwealth regularly turns to UMMC to serve many of its clients. His efforts with the DMH have resulted in several national awards for partnerships between academic health centers and state departments of mental health.

Today, as chief operating officer and associate vice chancellor for the three graduate schools, Manning is responsible for meshing public service initiatives with UMMC's longstanding mission of excellence in health sciences education, clinical care and research.

Currently, the most wide-ranging activity is the UMass-based Center for Health Care Financing, which works with the state's Medicaid agency. "We help the state maximize federal financial

MASTER BUILDER:

Tom Manning



"WE'RE ABLE TO TAKE THE STRENGTH OF THIS ORGANIZATION AND SPIN IT AROUND THE NEEDS OF OTHER STATE AGENCIES, TO help them resolve critical issues."

participation, that is, to garner federal dollars due the state for the variety of services its agencies provide," says Manning. He's very pleased with two recent mergers that illustrate UMMC's interest in major public health policy development: the Massachusetts Biologic Laboratories, which develops and manufactures vaccines and other products to distribute through its children's immunization program, and the New England Regional Newborn Screening Program, which identifies serious disorders that are treatable if detected immediately after birth.

"We're able to take the strength of this organization and spin it around the needs of other state agencies," he notes, "to help them resolve critical issues."

"So these mergers and acquisitions have always been intended to relate directly with our mission. As a state agency itself, UMass is absolutely a partner with the others." –JHM



GUIDE:

Judy Ockene

“THIS IS THE WAVE OF THE FUTURE...
WE TEACH PHYSICIANS, MEDICAL STUDENTS AND RESIDENTS

how to ask the right questions.”

A remarkable 90 percent of chronic illnesses are strongly linked to lifestyle behaviors. Primary care physicians are keenly aware that if they can assist patients in changing certain behaviors, they can help prevent major illnesses. “We know that you can almost wipe out heart disease with a healthy lifestyle,” says Ockene. She has earned an international reputation for developing the “patient-centered counseling” model for behavioral intervention, in which physicians draw upon their patients’ experiences to help motivate them to stop smoking, change their diet or stop drinking.

“Our studies have found that patients are three or four times more likely to make positive changes if their physician uses the patient-centered approach, as opposed to the traditional ‘do as I say’ mandate,” says Ockene.

She and her colleagues have trained several thousand physicians statewide to use patient-centered intervention. “This is the wave of the future,” she says. “We teach physicians, medical students and residents how to ask the right questions.”

Currently, Ockene’s research team is targeting low-income pregnant women who smoke, and young women who drink heavily. But perhaps the most challenging and far-reaching research project is the Women’s Health Initiative, a 10-year, national study of the effects of diet and hormone therapy on the leading causes of death and disability in post-menopausal women.

In the three years since Ockene’s division was awarded the \$10 million contract from the National Institutes of Health, more than 3,500 women from across the state have enrolled in this largest-ever study to contribute to the body of research on women’s health and disease prevention. “This study will give us definitive and direct answers to questions about the effects of hormone replacement therapy, diet, and calcium supplementation on heart disease, breast cancer and bone fractures.”

Such is the mission for Ockene, who believes many chronic and life-threatening diseases can be overcome, and the key to a better way to health is a study of unhealthful behaviors. —MCT

MOST PEOPLE RECOGNIZE THE INEVITABILITY OF CHANGE. SOME ARE RESIGNED TO IT, OTHERS WELCOME IT. JUDY OCKENE SEEKS TO CHANNEL IT.

Ockene, founding director of the Division of Preventive & Behavioral Medicine, helps people help themselves to make behavioral changes that are crucial to their well-being. The essence of her work is translating patient awareness of the problems associated with smoking, alcohol abuse, sedentary lifestyle, and poor diet into positive action. Using counseling, physician training, and research, she and her colleagues have guided a countless number of patients to embrace healthier lifestyles through behavioral and social change.

In 1983, when Ockene took on the task of building a program at UMMC, “preventive and behavioral medicine” was a brand new item. “Our program was unique in the United States,” says Ockene. The division, which started with only three faculty members has grown to a staff of over 40, boasting eight major grants. Their endeavors include the landmark Women’s Health Initiative, the nationally acclaimed Stress Reduction Program, and projects studying the impact physicians can have in helping patients to change unhealthful behaviors.

FACILITATOR:

Gerry Haidak

AS A 5-YEAR-OLD BOY, GERRY HAIDAK BECAME HIS FATHER'S "FISHING BUDDY," A COMPANION ON LONG DRIVES NORTH FROM NEW JERSEY TO FISH THE WATERWAYS OF CANADA, UPSTATE NEW YORK AND WESTERN MASSACHUSETTS. HIS ENDURING LEGACY FROM THOSE 1920S TRIPS IS A LOVE OF THE BERKSHIRES AND – AS THE YOUNGEST OF THREE SONS – THE MEMORY OF FATHERLY COMPANIONSHIP.

Haidak never did get hooked on fishing, but ultimately he adapted Isaac Haidak's model of philanthropy to his own life and career in the academic world. "My father was a giver, very much involved in giving to organizations that involved people," Haidak says. "Personally, I believe people who have, should give, so I became involved because people helped me along the way."

Over time, that philosophy has helped generate major philanthropic gifts to UMMC, thanks to the late-1960s convergence of Haidak's faculty role at Albany Medical College, his medical

practice in Pittsfield, and his building of the medical education program at Berkshire Medical Center. Acquainted with the new UMass Medical School's founding dean and fellow thoracic surgeon, Lamar Soutter, MD, the two established undergraduate rotations for UMass students at Berkshire Medical Center.

His long-term involvement is one key to Haidak's cultivation of major donors; their respect for what UMMC has become is another. "People of wealth may think it's not their obligation to assist a state institution, because they pay their taxes," he observes. "But state support for UMass is minuscule, and when I bring this to the attention of my friends, they're shocked – sometimes shocked enough to give substantial amounts of money!"

Another factor is that his old friends "know my family has done its share for UMass," Haidak adds. Indeed, in the 1980s, his brother Richard bequeathed to UMMC more than \$3 million – Richard's "entire fortune" and the then-largest gift ever received by any of the University's campuses. The bequest endowed three professorships.*

If one big gift helps beget another, such philanthropy has a lasting impact. In recent years, friends and other Haidak family members have given several million dollars to support UMMC programs and research, as well as capital projects. Major gifts like these also spark the ongoing interest of other potential donors, including corporations and foundations.

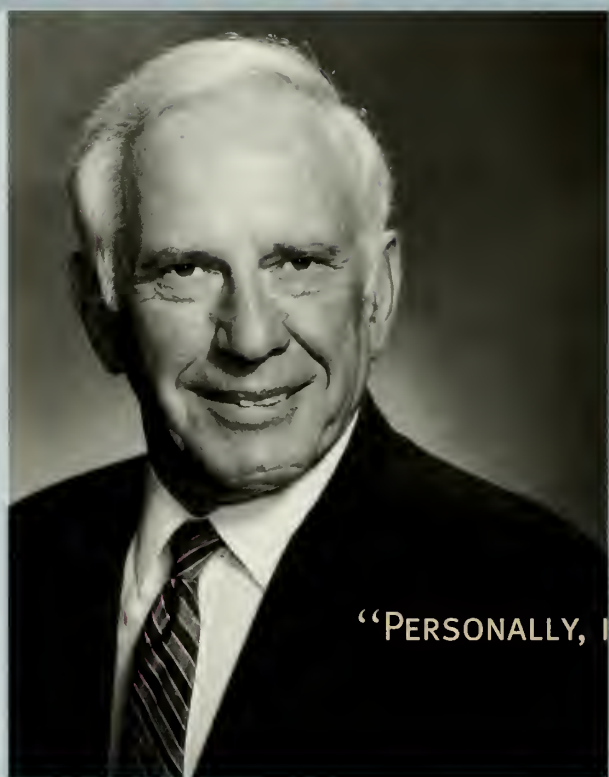
Volunteer fundraising is just one role in a life punctuated by activities ranging from boxing bouts as "Gerry the Kid" during college days, to four years as an Army surgeon during World War II, to bringing about the merger of Pittsfield's two hospitals to create Berkshire Medical Center.

Now he's associate dean for special projects at UMass and, as a professor of surgery and cell biology, continues to teach. He's active on the executive committee for medical school admissions and is especially pleased that "a fair number" of first-year students have chosen him as their advisor: "I spend a lot of time with them!" –JHM

* The Harry M. Haidok Distinguished Professor of Surgery is H. Brawnell Wheeler, MD, professor and founding chair of surgery; the Richard M. Haidack Distinguished Professor of Medicine is Neil Blacklow, MD, professor and chair of medicine; and the Celia and Isaac Haidak Distinguished Professor in Medical Education is Gerald Haidak.

"PERSONALLY, I BELIEVE PEOPLE WHO HAVE, SHOULD GIVE,

SO I BECAME INVOLVED BECAUSE PEOPLE helped me along the way."



G E R A L D L . H A I D A K , M D

education

Learning Center

The Allan S. Goff Learning Center, UMMC's first new educational facility to be added since the Medical School was built 25 years ago, opened in June. Funded entirely by private donations, the center features two amphitheaters and 10 classrooms outfitted with state-of-the-art computer and video equipment to enhance teaching and learning for all Medical Center students.

Top Ranking

For the third year running, UMass ranked in the top six medical schools nationwide for primary care education, according to *U. S. News & World Report's Annual Guide to America's Best Graduate Schools*. UMass was also prominently featured in the 1997 issue, and distinguished as the country's most progressive medical school.

New Endowed Professors

At the 1997 Convocation, three newly endowed professorships were installed. The Irving S. and Betty Brudnick Chair of Psychiatry supports Anthony J. Rothschild, MD, professor of psychiatry; the William and Doris Krupp Professorship of Medicine supports Aldo A. Rossini, MD, professor of medicine and director of the Division of Diabetes; the Dr. John Meyers Professorship in Primary Care Medicine (funded by the Fallon Healthcare System's Fallon Fund) supports Jerry H. Gurwitz, MD (UMMS '83), associate professor of medicine and director of the UMass/Fallon Meyers Primary Care Institute.

Vice Chancellor Appointed

Chancellor and Dean Aaron Lazare named Andrew Cohen, MD, professor of medicine in the Division of Renal Medicine, and currently vice dean of the Medical School, vice chancellor for education for the UMass Worcester campus.

Interim Chairs

J. Barry Hanshaw, MD, founding chair of pediatrics at UMMC and chair of pediatrics at Memorial Hospital, returned to his former post on an interim basis. Anthony Carruthers, PhD, professor of biochemistry & molecular biology, was appointed interim chair of that department.

Rare Books Donated

The Lamar Soutter Library's rare books collection received two additions. *DeFabrica Humanis Corporis* by Andreas Vesalius, the seminal work in medical science, published in 1543, and *Oeuvres* by Ambroise Pare, the seminal work in surgery, published in 1614, were donated by Francis D. Moore, MD, Moseley Professor of Surgery Emeritus at Harvard Medical School, in honor of H. Brownell Wheeler, MD, Harry M. Haidak Distinguished Professor and founding chair of the Department of Surgery.

Managed Care Partnership

The Meyers Primary Care Institute (MPCI) teamed with the Massachusetts Medical Society to develop educational programming on managed care, specifically designed for residency training programs. MPCI is also the newest member of the HMO Research Network, which studies quality of care in the managed care setting.

Education Accreditations

It was a banner year for school accreditations. The Liaison Committee on Medical Education approved continuing accreditation for the Medical School; the National League for Nursing Accreditation Commission accredited the Graduate School of Nursing's master's program; and the New England Association of Schools and Colleges granted the Medical Center initial accreditation (all three graduate schools).

clinical

Liver Transplants

UMMC became the only hospital in central Massachusetts to offer liver transplants. Eliezer Katz, MD, formerly of INTEGRIS Oklahoma Transplant Institute, was named program director. The program will offer innovations in transplantation medicine generally, and new techniques in liver transplants.

Health Alliance Merger

North Worcester County's HealthAlliance voted to become a corporate affiliate and strategic partner of UMass Health System. The partnership with HealthAlliance, which includes Burbank and Leominster hospitals, Fairlawn Nursing Home, and Highlands Nursing Home, reinforces and extends UMMC's mission of service, and meets the needs for high-quality, community-based health care for North County residents.

Growth and More Growth

- Hubbard Regional Hospital/Hubbard Health Systems of Webster became the 13th community hospital to affiliate with UMass Health System.
- The Tri-River Family Health Center, a division of UMMC, opened a satellite office to fill a critical need in Blackstone.
- UMass Community Physicians opened new practices in Auburn, Hopkinton and Westborough, and added PrimeMed, an occupational health and immediate care center in Fitchburg, to the network.

Aging Accreditations

UMass Health System-Marlborough Hospital received JCAHO accreditation and ranked among the top 10 percent of hospitals nationwide. University Commons, UMMC's extended care facility, earned JCAHO accreditation as both a long-term care facility and a subacute nursing facility. It also received the state Department of Public Health's "deficiency-free" designation, its highest rating.

UMASS MEMORIAL MERGER

THE BIGGEST NEWS OF THE YEAR WAS THE PROPOSED MERGER OF THE UMass CLINICAL SYSTEM WITH MEMORIAL HEALTH CARE (MHC). MONTHS OF WORK BY ADMINISTRATORS, LEGISLATORS AND COMMUNITY LEADERS CULMINATED IN ENABLING LEGISLATION SIGNED INTO LAW BY GOVERNOR A. PAUL CELLUCCI ON NOVEMBER 25.

THE LEGISLATION ALLOWS THE UMass CLINICAL SYSTEM TO SEPARATE FROM THE UNIVERSITY AND MERGE WITH THE PRIVATE, NONPROFIT MHC. THE MERGER WILL CREATE A NEW NONPROFIT ENTITY, UMass MEMORIAL HEALTH CARE INC., WITH \$742 MILLION IN

REVENUE, MORE THAN 700 BEDS, AND 7,000 EMPLOYEES, MAKING IT ONE OF THE LARGEST HEALTH CARE NETWORKS IN THE REGION. THE NEW ORGANIZATION WILL PUMP NEW RESEARCH DOLLARS, OTHER REVENUE AND JOBS INTO THE AREA. IT WILL ALSO STRENGTHEN THE COMMUNITY HOSPITALS THROUGHOUT THE REGION WHICH ARE AFFILIATED WITH THE TWO INSTITUTIONS.

A NEWLY STRUCTURED CLINICAL MANAGEMENT BOARD HAS BEEN NAMED TO OVERSEE THE NEW SYSTEM. THE 20-MEMBER BOARD INCLUDES 10 PEOPLE FROM EACH INSTITUTION (SEE LIST ON PAGE 32).

New Trauma Director

Paul E. Bankey, MD, joined the Department of Surgery as director of trauma services. Previously he was assistant professor at the University of Texas Southwestern Medical Center in Dallas.

Cord Blood Bank

The American Cord Blood Program opened under the direction of Karen M. Ballen, MD, assistant professor of medicine. Only the eighth such program in the world, UMMC is the sole academic health center in the United States with a comprehensive cord blood program and is New England's first nonprofit umbilical cord blood bank.

Bloodless Medicine

The Center for Bloodless Medicine and Surgery, the first of its kind in Massachusetts, opened to provide bloodless alternatives to patients who prefer to avoid blood transfusions during their medical care.

Endosurgery Center

Demetrius Litwin, MD, joined UMMC as associate professor of surgery and director of the new Endosurgery Center. In April Dr. Litwin broadcast to surgeons as far away as Miami while he operated at UMMC, thanks to the center's state-of-the-art two-way TV technology.

research

Funding Growth

UMMC ranked #1 in rate of growth of National Institutes of Health (NIH) funding among the top 50 academic research centers, and 12th in actual dollar growth. Based on NIH funding, UMMC's national ranking rose to 42 from 47 among 125 U. S. medical schools.

WFBR Merger

The Worcester Foundation for Biomedical Research, among the nation's premier private research institutions, merged with UMMC, bringing with it \$5.5 million in research funding. The merger integrates WFBR scientists into UMMC academic departments while preserving the area of special expertise for which the Foundation has made its reputation over the past 50 years.

Infants and AIDS

John L. Sullivan, MD, professor of pediatrics and molecular genetics & microbiology,

Two Partnerships

The Massachusetts Biologic Laboratories (MBL) and the New England Regional Newborn Screening Program, both in Jamaica Plain, were merged with UMMC. MBL, which exists primarily to provide the state with vaccines for the Universal Childhood Immunization Program and is the country's only state-operated, FDA-licensed vaccine manufacturing facility, gained praise for its rapid response to last April's outbreak of hepatitis A from tainted strawberries. The Newborn Screening facility offers New England's most comprehensive health screening program for newborn babies.

Adoption Center

The UMass Center for Adoption Research and Policy took wing with the appointment of its first executive director, Peter Gibbs. Gibbs, a seasoned and respected leader in the field, will pursue the center's agenda to develop practical responses to adoption and foster care problems.

Lazare Leads COMEC

For the sixth consecutive year UMMC donated more than any other state agency to the Commonwealth of Massachusetts Employee Campaign (COMEC), far surpassing its \$280,000 goal. Chancellor and Dean Aaron Lazare, MD, also chaired the United Way of Central Massachusetts campaign, which also enjoyed a record-breaking year.

AIDS Donation

As part of the Public Health Council's approval of the new Liver Transplantation Program, UMMC donated \$100,000 to AIDS Project Worcester (APW) to support a program for children whose parents have AIDS, and to coordinate volunteers at APW.

Forensic Center

The Child and Family Forensic Center opened in expanded space in Worcester and launched a satellite at the Hampden County Family and Probate Court in Springfield. The center's mission is to provide evaluation and consultation to courts regarding legal decisions that affect children.

Pipeline Collaborative

UMass partnered with other local health care institutions, scientific companies, colleges, the Worcester Public Schools and the Worcester Vocational High School in the Worcester Pipeline Collaborative. Its goal is to improve academic preparedness and career awareness among economically disadvantaged youth.

and Katherine Luzuriaga, MD, associate professor of pediatrics, reported dramatically reduced HIV levels in infected infants treated with a three-drug combination. Their study was published in the May 8 *New England Journal of Medicine* (see page 11).

Hepatitis C Treatment

A study by Herbert Bonkovsky, MD, professor of medicine and co-director of the Liver, Biliary and Pancreatic Center, revealed promise for fighting hepatitis C with iron reduction treatments in combination with interferon.

Vaccine Patent

The first-ever DNA vaccine patent for a specific infectious agent was issued to UMMC. John E. Herrmann, PhD, professor of medicine, in collaboration with Antigen Express of Worcester, will develop the technology into vaccines for human and veterinary protection against rotaviruses.

Sepracor Agreement

Sepracor, a specialty pharmaceutical firm in Marlborough, signed a sponsored research contract for more than \$1.5 million to fund drug discovery research and MRI equipment acquisition at UMMC.

Brain Cancer

A \$5 million grant from the National Cancer Institute will enable researchers to explore a potentially groundbreaking theory about where cancer originates in the brain.

Health Policy

The Institute for Health Policy and Health Services Research was established to act as a resource for state health policy makers; to develop and coordinate UMMC's health policy and health services research; to support innovations and quality initiatives in the Clinical System; and to enhance and develop undergraduate and graduate education.

Digital Mammography

Carl D'Orsi, MD, professor of radiology and director of diagnostic radiology, is working on an innovative study to see whether new "full-field digital" mammography technology will detect more malignancies than current "film-screen" technology.

Dog Lymphoma

Researchers at the Cancer Center and the Tufts University School of Veterinary Medicine are pioneering new treatments for dogs with lymphoma, while at the same time uncovering important information about treating non-Hodgkin's lymphoma in humans.

Breast Cancer

Karen Ballen, MD, assistant professor of medicine, is principal investigator for a study examining whether supplementing bone marrow transplantation with Interleukin-2 will improve results for women with advanced and high-risk breast cancer.

awards & honors

Citizens of the Year

Aaron Lazare, MD, chancellor and dean, was co-recipient along with Peter Levine, MD, CEO of Memorial Health Care, of the Worcester *Telegram & Gazette's* 1997 Visions 2000 Citizen of the Year Award for their leadership and foresight in merging UMass and Memorial, and their community efforts affecting the quality of life in central Massachusetts (see the inside back cover).

Most-read Researcher

Roger J. Davis, PhD, professor of biochemistry & molecular biology and Howard Hughes Medical Institute investigator, was cited by *Science Watch*, a trade publication that tracks scientific research, as the researcher who wrote the most often-cited scientific papers in the past two years.

Aaron T. Beck Award

For his outstanding work in the field of human relations, Chancellor Aaron Lazare was awarded the 1997 Aaron T. Beck Institute Award from Assumption College.

Infectious Diseases

Francis Ennis, MD, professor of medicine and molecular genetics & microbiology and director of infectious diseases, was presented a special award from Government of Taiwan, Republic of China, and the Centers for Disease Control for his contributions to the International Conference on Emerging Zoonotic Infectious Diseases.

Death and Grief

Sandra L. Bertman, PhD, professor of humanities in medicine and director of the Program in Medical Humanities, received the National Center for Death Education's annual award for outstanding contributions to the field of grief counseling and death education.

Clinical Psychiatry

Paul Appelbaum, MD, professor and chair of psychiatry, was awarded Pennsylvania Hospital's 34th Edward A. Strecker, MD, Award for outstanding contributions to the field of clinical psychiatry.

Mental Illness Treatment

Jeffrey L. Geller, MD, professor of psychiatry, received the second annual Rothstein Award from the Alliance for the Mentally Ill of Massachusetts Inc. The award honors a psychiatrist in community mental health whose compassion and dedication has advanced the treatment of serious mental illnesses.

spotlights

Carballo Award

Jonathan Stockmal, RN, supervisor of the anesthesia workroom and manager of medication and medical/surgical supplies in the Department of Anesthesiology, received the state's Manual Carballo Governor's Award, which recognizes excellence in public service. This is the third time the honor was bestowed on a Medical Center employee.

JAMA Publications

Nananda Col, MD '90, received national attention for her book, "A Woman Doctor's Guide to Hormone Therapy: How to Choose What's Right for You." Also published, in the *Journal of the American Medical Association*, was her study on hormone replacement therapy. Robert J. Goldberg, PhD, professor of medicine, also contributed to the study.

Disabled Employee Honored

Jackie Doyle of Food Services was named a 1997 Employee of the Year by the Greater Worcester Committee for Employment of Individuals with Disabilities.

GREAT Awards

The 1997 winners of the Group Recognition for Excellence and Teamwork (GREAT) Award, presented to a department, division, task force or unit that exemplifies outstanding teamwork through achievement, innovation or service, were: nurses on 7ICU; Human Resources' Merit Group; the Hospital Admitting Department; and the Mechanical Ventilator Management Team.

Employees of the Month

1997 Employee of the Month honors went to: Pauline Trahan, Employee Health Service; Keith Symmes, Facilities Management; Yvonne Adams, RN, Orthopedics; Kathy Moylan, Medical Education; Jonathan Stockmal, RN, Anesthesiology; Kathy Alicandro, RN, Nursing Specialties; Dawn Bedard, Group Practice Plan; Susan Muradian, Diabetes Division; Martha Benitez, Interpreter Services; Francesca Grimaldi, Nutrition and Food Services; Alan Tomer, Radiation Oncology; and Kiki Soter, Admitting.

FY 97 Funding & Revenue

STATE APPROPRIATION* FOR SCHOOLS (5.1%)	\$ 29 MILLION
THE CLINICAL SYSTEM	\$430 MILLION
STATE CONTRACTS**	\$ 14 MILLION
RESEARCH (sponsored activity)	\$ 74 MILLION
SELF-SUPPORTING ACTIVITIES***	\$ 18 MILLION
TOTAL	\$565 MILLION

FY 98 Projected Funding & Revenue

STATE APPROPRIATION* FOR SCHOOLS (5.4%)	\$ 31 MILLION
THE CLINICAL SYSTEM	\$396 MILLION
STATE CONTRACTS**	\$ 14 MILLION
RESEARCH (sponsored activity)	\$ 89 MILLION
SELF-SUPPORTING ACTIVITIES***	\$ 43 MILLION
TOTAL	\$573 MILLION

* The hospital receives no state appropriation.

** Supports public service activity, including provision of mental health and pediatric services for those who cannot afford private care.

*** Examples are parking trust fund, continuing education, financial aid and student fees.

1997-98 Education

MEDICAL SCHOOL

MD STUDENTS	434
MD/PHD STUDENTS	9
ALUMNI	2,005
RESIDENTS & FELLOWS IN UMMC PROGRAMS	463

GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

PHD STUDENTS	158
ALUMNI	103

GRADUATE SCHOOL OF NURSING

MS STUDENTS	63
POST MASTER'S STUDENTS	4
PHD STUDENTS	12
ALUMNI	342
CONTINUING EDUCATION REGISTRANTS (estimate)	22,000
ALLIED HEALTH PROGRAM STUDENTS (estimate)	764

FY 97 Savings

PACSS	\$14.6 MILLION
(The Program to Achieve Clinical System Superiority is UMMC's Plan to enhance value, increase growth, and promote satisfaction.)	

RESEARCH FUNDING

1993	\$57 million
1994	\$61 million
1995	\$62 million
1996	\$67 million
1997	\$74 million

STATE APPROPRIATION

1993	5.5 %
1994	5.2 %
1995	5.0 %
1996	5.0 %
1997	5.1 %

FY 97 Patient Services

NUMBER OF BEDS	388*
NUMBER OF PATIENTS ADMITTED	17,634
OCCUPANCY	81.5 %
AVERAGE LENGTH OF STAY (excluding psychiatric patients)	5.5 DAYS
SURGICAL CASES	
INPATIENT	9,004
OUTPATIENT	7,359
OUTPATIENT CLINIC VISITS (excluding ancillary, emergency, Tri-River and day surgery visits)	389,615
EMERGENCY DEPARTMENT VISITS	54,125
VISITS TO TRI-RIVER FAMILY HEALTH CENTER (UMMC's satellite in Uxbridge)	63,690
LIFE FLIGHT MISSIONS	1,346
TRAUMA ADMISSIONS	1,386

* Includes 45 beds at Worcester State Hospital

a year
in
Philanthropy

As one of the country's leading academic health centers, we rely upon the generosity of our benefactors – more than 10,000 strong – to continue the quest for medical progress. During fiscal year 1997, a total of \$11,094,872 was contributed to the University of Massachusetts Medical Center. This was remarkable both in the magnitude of the generosity and for the fact that it represents the fifth consecutive year of extraordinary growth in the number of donors and in the amount raised.

There are thousands of stories behind these donations, far too many to retell, but there are special ones which merit attention. Some are extraordinary. All of them

show the ways in which individuals and families are changing the Medical Center and impacting others' lives. In their own ways, they are heroes whom we are proud to call our friends.

We extend our deepest thanks to the many loyal supporters of the University of Massachusetts Medical Center. We are especially grateful to the following individuals and organizations who contributed \$100 and above during fiscal year 1997 (July 1, 1996 - June 30, 1997).

We thank you for your continued support.

DONOR RECOGNITION LEVELS

CHANCELLOR'S SOCIETY

PLATINUM	\$ 100,000 and above
GOLD	\$ 25,000 and above
SILVER	\$ 10,000 and above
BRONZE	\$ 5,000 and above

DEAN'S CIRCLE	\$ 1,000 and above
FOUNDER'S CIRCLE	\$ 500 and above
1970 SOCIETY	\$ 250 and above
CENTURY CLUB	\$ 100 and above



PLATINUM

Eugene A. Abramson
Allan S. Goff Memorial
Mr. & Mrs. Arthur W. Bresciani
Irving S. Brudnick, PhD (hon.)
Betty Brudnick, PhD (hon.)
Germeshausen Foundation
William Krupp, PhD (hon.) &
Doris Krupp
Dr. Elliott M. Marcus
Meyers Primary Care Institute
Dr. Francis D. Moore
Our Danny Cancer Fund
Dr. & Mrs. Param B. Singh
Dr. Albert O. Raymond Trust
Scotia Pharmaceuticals Ltd.
Simeon J. Fortin Charitable
Foundation
Dr. Elizabeth Steiner
WSRS 96.1 FM/WTAG 580 AM
Yawkey Foundation

GOLD

Anonymous
Mr. & Mrs. Albert A. Dauphinais
Mr. & Mrs. Gene J. DeFeudis
Dell Computer
Diamond Chevrolet Inc.
Santo Didonato
Stephen J. Dresnick
Fairlawn Rehabilitation Hospital
Dr. Gerald L. Haidak
Howmedica Inc.
Dr. Richard E. Hunter
The Iacocca Foundation
George Krikorian Sr.
George Krikorian Jr.
Krupp Family Charitable Foundation
Selma B. Krupp
Charlotte Levenson
Levine Family Charitable
Foundation
George & Faye Levine
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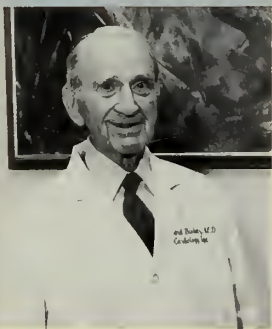
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EDWARD BUDNITZ, MD

One of the first cardiologists in Worcester County, Dr. Edward Budnitz's medical accomplishments are legendary. Through the generosity of his friends and patients, more than \$1 million has been raised to fully endow the Edward Budnitz Professorship of Cardiology. Joel Gore, MD, professor of medicine and director of the Division of Cardiovascular Medicine, is the first incumbent.

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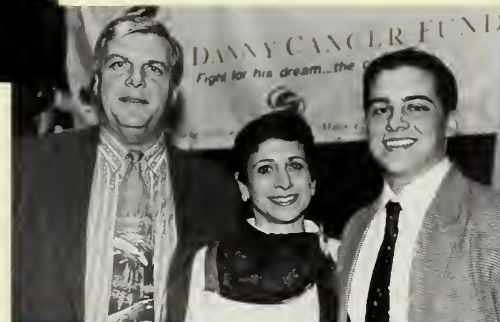
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DAN AND DOTTIE MANNING

In 1994, when their son Dan Jr. succumbed to cancer, Dan and Dottie Manning, and their son Rich, joined with their friends and family to establish the Our Danny Cancer Fund, the official fundraising arm of the UMass Cancer Center. Since its establishment, the Our Danny Fund has raised more than \$500,000 to help find a cure for this tragic illness. Sadly, our dear friend, Dan Sr., lost his battle with cancer in January 1997. He is greatly missed.



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WILLIAM AND DORIS KRUPP

The Krupp family name is synonymous with great achievement and their impact has been felt for many years at UMass. In 1997, William and Doris Krupp fulfilled their lifelong goal of helping to find a cure for diabetes with the establishment of the William and Doris Krupp Professorship in Medicine. Aldo Rossini, MD, professor of medicine and director of the Division of Diabetes, is the first Krupp Professor.



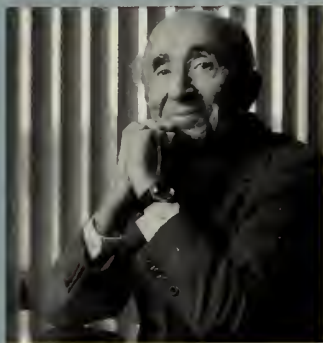
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PAUL AND MIMI LA CAMERA

Paul and Mimi La Camera know how to roll up their sleeves and make things happen. When their son Peter was a first-year medical student in 1993, Paul and Mimi formed the Medical School's Parents Council. Since its inception, the Council has raised more than \$250,000 to support strategic academic initiatives like the Learning Center.

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BRUCE CARLIN

In 1995, when his close friend and business partner Allan S. Goff died from cancer, Bruce (left, with Dr. Joel Gore) dedicated himself to raising \$1 million to build the Allan S. Goff Learning Center at UMass. Thanks to the generosity of the staff and clients at his accounting firm Carlin, Charron & Rosen, and the family and friends of Allan S. Goff, the facility opened in September of 1997.



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When Irving Brudnick was 19 years old, chronic depression forced him to take a permanent leave of absence from Tulane Medical School. Over the past 50 years, Irving and his wife Betty have dedicated themselves to helping others find relief from the burden of serious mental illness. In 1997, they contributed \$4 million to endow a chair in psychiatric research and to help build the Irving and Betty Brudnick Institute for Neuropsychiatric Research at UMass. Anthony Rothschild, MD, professor of psychiatry and director of Clinical Psychiatric Research, is the first incumbent of the Brudnick Chair.



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Dr. Gerald Haidak (center), associate dean for special projects, has dedicated himself for over a quarter century to strengthening the Medical Center through philanthropy. In addition to the generosity of others which he has encouraged and helped to realize, his family has established three endowed Haidak professorships — in medicine, surgery, and medical education, as well as the Zelda Haidak Fellowship in Cancer Research in memory of his late wife. In recognition of his extraordinary support, Aaron Lazare, MD, bestowed upon him the Chancellor's Award for Leadership in Philanthropy in 1997. He is pictured with Dr. Lazare and Selma Krupp.

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Life is a Precious

a final
note...

Visionaries

The timing, the setting and the keynote speaker set the stage for an event that turned the spotlight on UMass Memorial Health Care as a symbol of Worcester's promising future.

Early in the New Year, before an audience of business and civic leaders gathered in the new Worcester Centrum Centre, Governor A. Paul Cellucci praised the community for

its "focus on the future." The occasion was the *Telegram & Gazette's* annual Visions 2000 program, where Chancellor and Dean Aaron Lazare, MD, and Memorial Health Care

CEO Peter Levine, MD, jointly received the prestigious Citizen of the Year Award for 1997.

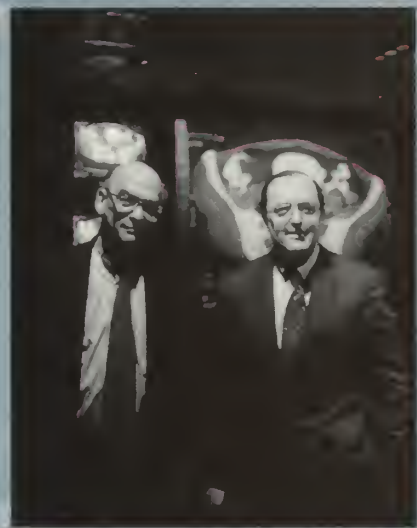
They were honored for their leadership in bringing about the merger of two clinical systems to form UMass Memorial Health Care, a new entity with about 7,000 employees.

Among major Worcester area projects cited by the governor as examples of the city's forward thinking – including the convention center where the ceremony took place – the efforts of Lazare, Levine and their administrative teams capped a year of unprecedented change in the city's health care arena.

Both came to Worcester from teaching and practice in Boston academic centers – Lazare in 1982 from Harvard Medical School and Massachusetts General Hospital, and Levine in 1975 from Tufts University School of Medicine and the New England Medical Center Hospital. The dean of UMass Medical School since 1989, Lazare, a psychiatrist, became chancellor of the Medical Center as well in 1990. Levine, a professor of medicine at UMass who has won numerous teaching awards, is a hematologist. In 1988 he was appointed physician-in-chief of Memorial and, in 1990, president and CEO.

The two health care leaders also were recognized for their ongoing community work. Both have served as chair of the region's United Way campaign, among many other contributions to the quality of life in central Massachusetts. Those activities include Dr. Lazare's sponsorship of a citywide effort to strengthen science education in the public schools and Dr. Levine's provision of funds and staff support for a youth center in Worcester.

The *Telegram & Gazette* launched Visions 2000 in 1991 as a recognition program to encourage civic initiatives and to highlight exceptional contributions by individuals and organizations. In an editorial that followed the announcement of this year's winners, the newspaper said the new clinical organization led by Lazare and Levine "will establish Worcester and the region as a major center for progressive health care and research."



Citizens of The Year

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